BEST AVAILABLE COPY

	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								APPLICANTIS				FILING DATE		
ļ		(FOR U	SE WITH	FORM P	TO-875)						_				
<u> </u>	1 45		AFTER		AF	AFTER C		1S			1.	7.		·	
 		AS FILED		1st AMENDMENT IND. DEP.		2nd AMENDMENT			ļ		 	 		1	
1	1	DEF.	IND.	DEP.	IND.	DEP.	1	51	IND.	DEP.	IND.	DEP.	IND.	DEP.	
2	1	1	1				1 1	52		 	+	 	 	+	
3		l i					1 1	53			 		†	†	
4		1	ļ					. 54							
5 6	 		ļ					55			<u> </u>				
7	 							56		<u> </u>	 	4	ļ	 	
8	 	1						57 58						 	
9		1						59			 				
10		1						60			 	1		<u> </u>	
11	 	1						61							
12	<u>i</u>	- ,		i	i		Ĺ	62							
13							-	63			ļ				
14 15							-	64			-				
16		1					<u> </u>	65							
17		1					F	67					-		
18		4						68							
19	1							69							
20							- -	70							
21 22							-	71							
23				-	_	\neg	F	72							
24							-	74							
25								75		$\neg \neg$					
26								76				-			
27					-		L	77							
29		-+					-	78							
30							<u> </u>	79 80		-+					
31							F	81	$\neg +$	$\neg \neg$. +		
32								82							
33							ļ	83							
34 35							L	84	 						
36							\vdash	85 86							
37							H	87							
38								88							
39		-						89							
40 41		 			-		 -	90		$ \downarrow$					
42				-+			-	91							
43							 -	92						——	
44							-	94							
45							-	95							
46								96							
47							<u> </u>	97							
49	 -	\dashv					}	98 99							
50	- 				+		-	100	+	-+		- -	-+		
OTAL ND.	3	,					Ţ	OTAL						<u> </u>	
OTAL	-/ /	┵┞		J ├	——J _◆	. ↓	TO	ID.		┧┟		⊦ لـ			
OTAL	00 1				T		٥	EP.			····				
TO-1360	20						CI	LAIMS OR				<u> </u>			